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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/366,670 08/03/1999 ABN *pv*  
 which is a CON of PCT/US98/03693 02/24/1998  
 which claims benefit of 60/038,253 02/24/1997

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*pv*  
*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	5	19	3
Verified and Acknowledged <i>pv</i> Examiner's Signature	<i>pv</i> Initials			

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TITLE

Recombinant pox virus for immunization against MUC1 tumor-associated antigen

☐ All Fees

<div>FILING FEE</div> <div>RECEIVED 1206</div>	<div>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</div>	<div><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div>
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